

# Documents Required by VA to Process Claims for Emergency Care in Non-VA Facilities (Mill Bill)

**NAME:** (Last, First, Mi) \_\_\_\_\_

**SSN:** \_\_\_\_\_

**DATE OF ADMISSION/ER VISIT:** From \_\_\_\_\_ Through \_\_\_\_\_

## Emergency Room Visit And/Or Hospitalization

- ✓ **HCFA Form UB-92** (pink and white Medicare Billing Form) from the Hospital Business Finance Office
- ✓ **Itemized Billing Statement** from the Hospital Business Office
- ✓ A complete copy of **All Medical Records** pertaining to the admission through the date of discharge for this ER Visit/Hospitalization
- ✓ **Provider Insurance Certification Statement** from Hospital Business Office
- ✓ **Ambulance Provider HCFA Form 1500** (pink and white Medicare billing form)
- ✓ **Ambulance Provider Insurance Certification Statement**
- ✓ **Ambulance Trip Ticket/Run Report**
- ✓ **ALL OTHER** Provider/Physician HCFA Form 1500s
- ✓ **ALL OTHER** Provider/Physician Insurance Certification Statements

Please return **ALL OF THE ABOVE ITEMS** as a packet to the Houston VA Medical Center Fee Basis Office.

For more information about emergency care in non-VA facilities, please call the Houston VA Medical Center Fee Basis Office at (713) 791-1414, ext. 3880.